

**FORT WORTH INDEPENDENT SCHOOL DISTRICT CHILD NUTRITION SERVICES  
AFTER SCHOOL SUPER SNACK PROGRAM AGREEMENT**

**2025-2026**

(Please fill out one agreement per **campus program**.)

- After the completed "After School Super Snack Program Agreement" is received at the CNS Central Office, the coordinator will be notified of the start date for Dinner.
- The CNS manager cannot start a program unless authorization has been given from CNS Central Office.
- Please provide a minimum of two weeks advance notice to program start date. Please notify CNS Dietitians with any change in program start and/or end dates.

School Name \_\_\_\_\_ Site# \_\_\_\_\_

Name of Campus Organization: \_\_\_\_\_

Type of Program: (Tutorial, Enrichment, etc.) \_\_\_\_\_

Program/site Coordinator Name: \_\_\_\_\_

Completed Civil Rights Training: Yes ☐ No ☐

E-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

What time does program start? ☐ 3:30 pm ES ☐ 4:45 pm MS ☐ 4:00 pm HS

( ) Reimbursable Super Snack - Includes Meat-Meat Alternate/Grain/Fruit/Vegetable/Milk

Program Start Date: \_\_\_\_\_ Program End Date: \_\_\_\_\_

What days are meals needed? Check all that apply:

( ) Monday ( ) Tuesday ( ) Wednesday ( ) Thursday ( ) Friday

Number of Meals Needed Daily: \_\_\_\_\_

**Terms & Conditions**

I understand that the after school super snack program agreement must be approved before program begins. Please provide 2 weeks advance notice of program start date. Please notify CNS Dietitians of any change in program start and/or end dates.

**Site Supervisor/Contact Signature + Date**

My signature confirms that I have read all of the terms and conditions and will comply with all of the guidelines.

**Signature of Principal + Date**

**Email completed forms to CNS Dietitians**  
**Phone: 817-814-3500 Email: [dietitians@fwisd.org](mailto:dietitians@fwisd.org)**

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